DOCUMENT RESUME

ED 464 470 EC 308 985

AUTHOR Katz-Leavy, Judy; Bornemann, Thomas; Burns, Barbara J.; Friedman, Robert; Jenson, Peter; Osher, Trina

TITLE Overview and Implications of the Surgeon General's Report on Mental Health. Topical Discussion.

INSTITUTION University of South Florida, Tampa. Research and Training Center for Children's Mental Health.

SPONS AGENCY National Inst. on Disability and Rehabilitation Research (ED/OSERS), Washington, DC.

PUB DATE 2000-00-00

NOTE 5p.; In: A System of Care for Children's Mental Health: Expanding the Research Base. Proceedings of the Annual Research Conference (13th, Tampa, FL, March 5-8, 2000).

CONTRACT H133B90022

AVAILABLE FROM For full text: http://rtckids.fmhi.usf.edu/conference_proceedings.htm.

PUB TYPE Reports - Descriptive (141) -- Speeches/Meeting Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.

DESCRIPTORS Change Strategies; Child Development; Children; Delivery Systems; *Emotional Disturbances; Family Role; Federal Programs; *Mental Disorders; *Mental Health; *Mental Health Programs; Organizational Change; *Outcomes of Treatment

ABSTRACT

This brief paper on a topical discussion session held at a conference on children's mental health about implications of the 1999 report, "Mental Health: A Report of the Surgeon General," for children. The discussion focuses primarily on the chapter in the report specifically about children and mental health with comments by four individuals who contributed to the chapter. Thomas Bornemann described the overall process of developing the report and gave an overview of it and the role of such reports in influencing change. Peter Jenson described the overall framework for the children's chapter, which included a strong developmental perspective emphasizing protective factors and risk factors as well as the importance of an integrated biological, psychological, and sociocultural perspective. Barbara Burns reviewed the findings of the report with regard to the efficacy and effectiveness of clinical interventions. The report concluded that there is a range of psychosocial and pharmacological treatments in a variety of settings that have been demonstrated to be efficacious in children. Robert Friedman summarized findings with regard to the service delivery system, especially the systems of care approach. Trina Osher stressed the report's emphasis on the role of families in systems of care. (DB)

ED 464 470

*Topical Discussion*

# *Overview and Implications of the Surgeon General's Report on Mental Health*

**Judy Katz-Leavy**
**Thomas Bornemann**
**Barbara J. Burns**
**Robert Friedman**
**Peter Jenson**
**Trina Osher**

## *Authors Describe Architecture of the Children's Chapter*

In December, 1999, "Mental Health: A Report of the Surgeon General," was released by the U.S. Department of Health and Human Services. This first ever Surgeon General's report on mental health received enormous attention nationally, and has helped raise important issues about promoting mental health for all Americans and treating mental illness.

The report includes a chapter specifically about children and mental health. In addition, there are many other references to children included throughout the report. A topical discussion on the Surgeon General's report was held as part of the conference. The discussion was moderated by Judy Katz-Leavy, of the Center for Mental Health Services (CMHS), who served as a coordinator for the children's chapter. Presenters included Dr. Thomas Bornemann, Deputy Director of CMHS who played a major role in preparation of the overall report, and four individuals who contributed to the chapter on children's mental health: Dr. Barbara Burns of the Duke University Medical Center; Dr. Bob Friedman of the University of South Florida; Dr. Peter Jensen of Columbia University, and Ms. Trina Osher of the Federation of Families for Children's Mental Health.

The presenters focused on different aspects of the report. Dr. Bornemann described the overall process of developing the report and gave an overview of it. He emphasized that Surgeon General's reports are based on the best available scientific evidence, and that while they are not directly intended to be policy documents, they are very useful for public and professional education, and for influencing change.

Dr. Jensen described the overall framework for the children's chapter. This chapter included a strong developmental perspective with an emphasis on protective factors and risk factors. It also emphasized the importance of an integrated biological, psychological, and sociocultural perspective. To fully understand child development, children must be viewed in the context of their social environments, including their family, peer group, and their larger physical and cultural surroundings.

Dr. Burns reviewed the findings of the report with regard to the efficacy and effectiveness of clinical interventions. The report concluded that there is a range of psychosocial and pharmacologic treatments that have been demonstrated to be efficacious in children, including children with attention deficit/hyperactivity disorders, depression, and disruptive disorders. Dr. Burns summarized research on outpatient treatment, partial hospitalization, treatment in residential treatment centers, inpatient treatment, and newer community-based treatments, such as case management, home-based services, therapeutic foster care and group homes. An emphasis was on the need for increased research to determine the effectiveness of most treatments for children in actual practice settings.

Dr. Friedman summarized some of the findings with regard to the service delivery system. He emphasized that research on the effectiveness of systems of care shows positive results for system outcomes and functional outcomes. There are also indications that parents are more satisfied in systems of care than in more traditional service delivery systems. However, the relationship between changes at the system level and clinical outcomes is unclear and more attention needs to be paid to this relationship.

Ms. Osher discussed the current and historical role of families in systems of care. In recent years families have become increasingly involved within services delivery systems, although progress in this area is uneven across communities. Overall, however, as the report indicates, families have become essential partners in the delivery of mental health services for children and adolescents. Their increased inclusion at all levels of the system is not only the right thing to do but also contributes to more successful outcomes.

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
✓ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.



EC 308985

BEST COPY AVAILABLE

## Overview and Implications of the Surgeon General's Report on Mental Health: A Family Perspective

**Trina W. Osher**

Tom Bornemann, in reviewing its format, emphasized that the Surgeon General's Report on Mental Health is a factual–as opposed to an advocacy–document. It is based on solid research in the field of mental health. Nevertheless, this Report is chock full of valuable information that a skillful advocate can use very effectively to promote the cause of improving mental health services and supports for children, youth, and families.

### What does the report contribute from a family perspective?

The Surgeon General's Report on Mental Health makes a significant contribution to the general public's knowledge about children's mental health. Furthermore, it reflects, by and large, the experience of many families raising children with emotional, behavioral, or mental disorders. The Report's overall approach addresses mental health and mental illness on a continuum from childhood to old age, connects the mind and the body into a whole, and places mental disorders into a public health context stressing early intervention and counteracting stigma. By taking both a developmental and an ecological approach, and especially by devoting an entire chapter to children's mental health, the Report expresses that children can and do have these very real problems and disorders and that they can and do respond to treatment.

### What does the report say about the role of families?

While the Report is clearly about individuals, families are mentioned frequently. The Report puts emphasis on the developmental process, environmental influences, and mental health throughout the life span. The Report states that "even more than is true for adults, children must be seen in the context of their social environment, that is, family, peer group, and their larger physical and cultural surroundings" (p.123). Because of this framework, the Report gives powerful recognition to the role families play and the importance of supportive services in helping families cope with children who have mental health problems and in getting their children the treatments and services they require.

The Report speaks to families working in partnership with mental health providers in the delivery of services to children and youth. This is powerful support for making the shift from a service delivery system in which families are often blamed for their child's problems, or at best ignored, to one in which families are viewed as valuable contributors to service design and delivery. "Among the most noteworthy accomplishments of the family movement," says the Report, "has been the emergence of family participation in decision making about care for children, one of the decisive historical shifts in service delivery in the past 20 years" (p.97). Families and family advocates should appreciate this endorsement of the family voice and be encouraged to continue their training and advocacy efforts to insure that no decision about a child's mental health is ever made with their family's understanding all the options and participating meaningfully in making decisions about what treatments, services, and supports will be provided.

The Report also applauds the family movement for working to overcome stigma and promoting self-help, such as family-to-family support, and focusing on recovery and strength's-based functioning. This is an indicator that family voices matter and that community-based and statewide family-run organizations are growing. The experience of family leaders throughout the country reflects this finding, which evidences the importance of continuing to strengthen the family movement. Families are also credited with bringing attention to the special needs associated with addressing mental health in ways that are respectful of and compatible with race, culture, age, and gender. The report advises that "agencies should offer services that are responsive to the needs and preference of services users and their families" (p. 23).



BEST COPY AVAILABLE

### What is missing from the Report?

As comprehensive and thorough as the Surgeon General's Report on Mental Health is, there are some important things, from a family perspective, that are missing. Most likely, this is because the research community has not yet sufficiently addressed these aspects of mental health services for children and their families. "Treatments fall mainly under several broad categories – counseling, psychotherapy, medication therapy, and rehabilitation" (p. 23). This short list leaves out the full array of supports for families that, in practice, are critical to ensuring that children's mental health needs are identified and that they get access to and participate in effective mental health services.

The Report barely mentions fathers and the role they play in the lives of their children (though there is considerable discussion about the impact of mothers who are depressed on the mental health and development of their children). The same could be said of grandparents and other kinship caregivers. Yet, we know from the experiences of families that the number of grandparents who are raising grandchildren with mental health problems is growing.

There is little mention of services and supports that are provided by family-run organizations and how these contribute to improvement in outcomes for children and their families, or how these organizations act to influence change in the policies, practices, and evaluations of mental health services for children and youth. Information about how family-run organizations develop and are sustained in the complex managed care funding environment was also missed.

The Report discusses resiliency in children but there is no discussion of the protective and resiliency factors in families. By this I mean the things that help families keep their children who are at risk, or who show early warning signs, from developing more severe conditions. Studies of resiliency in families could help to define and describe the characteristics and support systems of families that manage these stresses relatively effectively. There is little discussion in the Report of what helps families cope with children who are really difficult to manage.

### Suggestions for further research and future Reports.

The Report is definitely a step in the right direction. There is a whole chapter devoted to children and the Report makes an effort to refute theories that blame families for the mental health problems of their children. The information on children and families provided in the Report is valuable but, nevertheless, insufficient. There is much more going on than is covered in the report and much that needs to be studied and documented.

It is time to be creative with research designs that can generate reliable and valid information in real world settings, that answer questions of real value to families, and that yield information that families, along with their mental health practitioners, can really use to guide the choices they make about treatment for their children – especially in developing IEPs and positive behavioral interventions and strategies.

The research community needs to collaborate with families to develop and conduct studies that reveal what really helps and what really doesn't help in the real world. The overarching goal of any research agenda needs to be investigations that offer enlightenment on two questions: What makes it possible for children with mental health problems to be successful and happy in their homes, schools, and communities? What makes it possible for children with mental health problems to be accepted and welcome, feel safe and secure, and be productive in the places where they live, love, learn, and play?

## CONTRIBUTING AUTHORS

**Judy Katz-Leavy, Ph.D.**
*Senior Policy Analyst, Office of Policy and Planning, Center for Mental Health Services, SAMHSA, Room 15-87 Parklawn Building, 5600 Fishers Lane, Rockville, MD, 20857 Phone: 301-594-2707 Fax: 301-443-1563, E-mail: jkatz@samhsa.gov*

**Thomas Bornemann, Ed.D.,**
*Deputy Director, Center for Mental Health Services, SAMHSA, 5600 Fishers Lane, Room 17-99, Rockville, Maryland, 20857, Phone: 301/443-0001 Fax: 3014431563*

**Barbara J. Burns, Ph.D.,**
*Services Effectiveness Research Program, Duke University Medical Center, DUMC - Box 3454, Durham, NC 27701 Phone: 919-687-4686 x251, Fax: 919-687-4737, E-mail: bjb@geri.duke.edu*

**Robert Friedman, Ph.D.,**
*Director, Research and Training Center for Children's Mental Health, Chair, Department of Child and Family Studies, Louis de la Parte Florida Mental Health Institute, University of South Florida, 13301 Bruce B. Downs Blvd., Tampa, FL 33612-3807, Phone: 813/974-4640, E-Mail: friedman@fmhi.usf.edu*

**Peter Jenson, M.D.,**
*Department of Psychiatry, Columbia University, 1051 Riverside Drive, #78, New York, NY 10032-3702, Phone: 212-543-5334 Fax: 212-543-5210, E-Mail: pj131@columbia.edu*

**Trina Osher, M.A.**
*Coordinator of Policy & Research, The Federation of Families for Children's Mental Health, 1021 Prince St., Alexandria, VA 22314, Phone: 703/684-7710 Fax: 703/836-1040*